

Recovery Auditor Prepayment Review Demonstration

Provider Outreach and Education

Purpose

- Prevent improper payments before they are made
- Lower the error rate
- Focus on claims with high improper payment rates
 - Begin with reviews of short inpatient hospital stays

Overview

- August 27, 2012- August 26, 2015
- Applicable to 7 fraud and error-prone states (FL, CA, MI, TX, NY, LA, and IL) and 4 states with high volumes of inpatient stays (PA, OH, NC, and MI)
- Will not replace MAC prepayment review
 - Contractors will coordinate review areas to not duplicate effort

MS-DRGs for Review

- August 27, 2012: MS-DRG 312 SYNCOPES & COLLAPSE
- TBD
 - MS-DRG 069 TRANSIENT ISCHEMIA
 - MS-DRG 377 G.I. HEMORRHAGE W MCC
 - MS-DRG 378 G.I. HEMORRHAGE W CC
 - MS-DRG 379 G.I. HEMORRHAGE W/O CC/MCC
 - MS-DRG 637 DIABETES W MCC
 - MS-DRG 638 DIABETES W CC
 - MS-DRG 639 DIABETES W/O CC/MCC

Operational Details

- ADRs will come from the FI/MAC
- Providers will have 30 days to send documentation
- Recovery Auditors will review and communicate payment determination to FI/MAC
 - Providers will receive determination within 45 days
 - Recovery Auditors will also send detailed review results letter

Operational Details

- For now, Limits on prepayment and post-payment reviews won't typically exceed current post-payment ADR limits
- Providers may appeal the denial
 - Same appeal rights as other denials
- Claims will be off-limits from future post-payment reviews by a CMS contractor

Contact Information

- For questions, please contact:
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- For more information, please visit:
<http://go.cms.gov/cert-demos>